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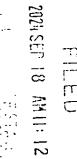
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Office Use Only



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COVER LETTER

	Registration Se Division of Cor			
eno 1157	Lion Island	Food Truck ELC		
SUBJEC	1;	Food Truck LLC Name of Lin	nted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Scott Morris		
			Cane of Person	
		Lion Island Food Truck Li		
			Firm/Company	
		589 Island Dr.		
		·	Address	
		Tarpon Springs, FL 34689		
		honistandtacos@gmail.com	City/State and Zip Code	
			to be used for future annual report notifica	ation1
For furth	er information e	oncerning this matter, please c	alt:	
Scott Mo			727 238-5366 at ()	
	Name o	f Person	at () Area Code Daytime T	elephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
	Mailing Addres		Street Address:	
	Registration 5 Division of C		Registration Secti	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

1, 1

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 SEP 18 AMII: 14

Lion Island Food Truck LLC			
(<u>Name of the Lim</u>	ited Liability Company as (A Florida Limited Liabili	it now appears on our records.) ity Company)	····
The Articles of Organization for this Limited I Torida document number <u>L24000296933</u>		e filed on 07/02/2024	and assigned
his amendment is submitted to amend the fol			
If amending name, enter the new name	of the limited liability	company here:	
he new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
			
inter new mailing address, if applicable:	_		
Mailing address MAY BE A POST OFFICE	<u> </u>	····	
			
 If amending the registered agent and/or gent and/or the new registered office addr 		ess on our records, <u>enter the</u>	name of the new registere
Name of New Registered Agent:	Scott Morris		
New Registered Office Address:	589 Island Dr.		
		Enter Florida street address	
	Tarpon Springs	, Floric	da <u>34689</u>
		Cuy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AP	Abigail E. Morris	1022 Hiawatha Pl.	
		Holiday, FL 34691	
			Change
AMBR	Scott R. Morris	589 Island Dr.	
		Tarpon Springs, FL 34689	□Remove
			■ Change
			Remove
			Change
			□Add
			□Remove
			@Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			

Effective date, if other than the date of filing: 2/1/2024 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 99 days after filing.) Pur Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90 ord is filed.	
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	suant to 605.0207 not be listed as
	h day after the
Dated Sept. 12 2024	
Dated	
X .	
Signature of a member or authorized representative of a member	

COVER LETTER

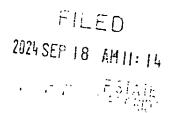
TO:	Registration Se Division of Cor		
SUBJI		i Food Truck LLC	
.10 641	N. 1.	Name of Limited Liability Company	
The en	closed Articles of a	Amendment and fee(s) are submitted for filing.	
Please	return all correspon	ondence concerning this matter to the following:	
		Scott Morris	
		Name of Person.	
		Lion Island Food Truck LLC	
		Firm/Company	
		589 Island Dr.	
		Address	
		Tarpon Springs, FL 34689	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		lionislandtacos@gmail.com	
For fur	ther information co	E-mail address: (to be used for future annual report noti oncerning this matter, please call:	fication)
Scott M	dortis	727 238-5366 at () f Person Area Code Daytim	
	Name of	f Person Area Code Daytim	c Telephone Number
Enclose	cd is a check for th	he following amount:	
□ <i>S</i> 2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lion Island Food Truck LLC		
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
The Articles of Organization for this Limited 1	Liability Company were filed	on <u>07/02/2024</u> and assigned
Florida document number L24000296933	·	· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compa	my here:
The new name must be distinguishable and contain the	words "Limited Liability Company	"the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		<u> </u>
		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office address on	our records, <u>enter the name of the new registe</u>
the new registered office address	335 Here.	
Name of New Registered Agent:	Scott Morris	
New Registered Office Address:	589 Island Dr.	
	Em	er Florida street address
	Tarpon Springs	, Florida ³⁴⁶⁸⁹
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Abigail E. Morris	1022 Hiawatha Pl.	□Add
		Holiday, FL 34691	
			■ Change
AMBR	Scott R. Morris	589 Island Dr.	
		Tarpon Springs, FL 34689	□Rcmove
			■ Change
			□Add
			□ Remove
			Change
			□Add
			□Remove
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record specifies a delayed effecti	ve date, but not an effective time.		(b) The 90th day after the

Filing Fee: \$25.00